

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Township

or Village

or City of

Length of residence in city or town where death occurred

Registration District No.

File No.

Primary Registration District No.

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S., if of foreign birth?

2 FULL NAME

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Elsa Erwin

6. DATE OF BIRTH (month, day, and year)

Feb 9-1853

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

81

11

15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ohio

MOTHER FATHER

13. NAME

Eber Clark

14. BIRTHPLACE (city or town) (State or country)

Peru

15. MAIDEN NAME

Sarah Myers

16. BIRTHPLACE (city or town) (State or country)

Ohio

The Signature of

17. INFORMANT

Elsa Erwin

Hand (Address)

Heinlock or Gross

18. BURIAL, CREMATION, OR REMOVAL

Place

Cherry Ridge

Date

Feb. 25 1936

19. UNDERTAKER

(Address)

Hinterwald and Co.

19a. Was body embalmed

Yes

Embalmer's No.

646 B.

20. FILED

Feb. 3 1936

Alta Tolan

Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

Feb. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb 16 1936 to Feb 23 1936

I last saw her alive on

Feb. 16 1936 death is said

to have occurred on the date stated above at

5:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Chronic Endocarditis

Mitral regurgitation

Aortic Stenosis

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. J. Mearns

M. D.

Date

2/24

1936

Address

Porter, O.